Form **1040-X**

(Rev. July 2021)

Department of the Treasury—Internal Revenue Service

Amended U.S. Individual Income Tax Return

▶ **Use this revision to amend 2019 or later tax returns.**

▶ **Go to *www.irs.gov/Form1040X* for instructions and the latest information.**

OMB No. 1545-0074

This return is for calendar year (enter year) 2022 **or fiscal year** (enter month and year ended)

Your first name and middle initial	Last name	**Your social security number**
LINDA R	HOWARD	217 62 2003
If joint return, spouse's first name and middle initial	Last name	**Spouse's social security number**

Current home address (number and street). If you have a P.O. box, see instructions.	Apt. no.	Your phone number
6638 SPRING MILL CIRCLE		410-370-8398

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. See instructions.

BALTIMORE, MD 21207

Foreign country name	Foreign province/state/county	Foreign postal code

Amended return filing status. You **must** check one box even if you are not changing your filing status. **Caution:** In general, you can't change your filing status from married filing jointly to married filing separately after the return due date.

☒ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Enter on lines 1 through 23, columns A through C, the amounts for the return year entered above. Use Part III on page 2 to explain any changes.		A. Original amount reported or as previously adjusted (see instructions)	B. Net change—amount of increase or (decrease)—explain in Part III	C. Correct amount
Income and Deductions				
1 Adjusted gross income. If a net operating loss (NOL) carryback is included, check here ▶ ☐	1	170,709.	-32,827.	137,882.
2 Itemized deductions or standard deduction	2	14,700.		14,700.
3 Subtract line 2 from line 1	3	156,009.	-32,827.	123,182.
4a Reserved for future use	4a			
b Qualified business income deduction	4b			
5 Taxable income. Subtract line 4b from line 3. If the result is zero or less, enter -0-	5	156,009.	-32,827.	123,182.
Tax Liability				
6 Tax. Enter method(s) used to figure tax (see instructions): TCW	6	31,278.	-7,879.	23,399.
7 Nonrefundable credits. If a general business credit carryback is included, check here ▶ ☐	7	450.		450.
8 Subtract line 7 from line 6. If the result is zero or less, enter -0-	8	30,828.	-7,879.	22,949.
9 Reserved for future use	9			
10 Other taxes	10			
11 Total tax. Add lines 8 and 10	11	30,828.	-7,879.	22,949.
Payments				
12 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (**If changing,** see instructions.)	12	15,338.	-2,700.	12,638.
13 Estimated tax payments, including amount applied from prior year's return	13			
14 Earned income credit (EIC)	14			
15 Refundable credits from: ☐ Schedule 8812 Form(s) ☐ 2439 ☐ 4136 ☐ 8863 ☐ 8885 ☐ 8962 or ☐ other (specify):	15			
16 Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed	16			15,490.
17 Total payments. Add lines 12 through 15, column C, and line 16	17			28,128.
Refund or Amount You Owe				
18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS	18			
19 Subtract line 18 from line 17. (If less than zero, see instructions.)	19			28,128.
20 **Amount you owe.** If line 11, column C, is more than line 19, enter the difference	20			
21 If line 11, column C, is less than line 19, enter the difference. This is the amount **overpaid** on this return	21			5,179.
22 Amount of line 21 you want **refunded to you**	22			5,179.
23 Amount of line 21 you want **applied to your (enter year):** **estimated tax**	23			

Complete and sign this form on page 2.

For Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11360L Form **1040-X** (Rev. 7-2021)

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Part I Dependents

Complete this part to change any information relating to your dependents.
This would include a change in the number of dependents.
Enter the information for the return year entered at the top of page 1.

			A. Original number of dependents reported or as previously adjusted	B. Net change — amount of increase or (decrease)	C. Correct number
24	Reserved for future use	24			
25	Your dependent children who lived with you	25			
26	Your dependent children who didn't live with you due to divorce or separation	26			
27	Other dependents	27			
28	Reserved for future use	28			
29	Reserved for future use	29			

30 List **ALL** dependents (children and others) claimed on this amended return.

Dependents (see instructions):

If more than four dependents, see instructions and check here ▶ ☐

(a) First name	Last name	(b) Social security number	(c) Relationship to you	(d) ✓ if qualifies for (see instructions): Child tax credit	Credit for other dependents
				☐	☐
				☐	☐
				☐	☐
				☐	☐

Part II Presidential Election Campaign Fund (for the return year entered at the top of page 1)

Checking below won't increase your tax or reduce your refund.

☐ Check here if you didn't previously want $3 to go to the fund, but now do.

☐ Check here if this is a joint return and your spouse did not previously want $3 to go to the fund, but now does.

Part III Explanation of Changes. In the space provided below, tell us why you are filing Form 1040-X.

▶ Attach any supporting documents and new or changed forms and schedules.

Sign Here

Remember to keep a copy of this form for your records.

Under penalties of perjury, I declare that I have filed an original return, and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information about which the preparer has any knowledge.

▶ Your signature | Date | RETIRED Your occupation

▶ Spouse's signature. If a joint return, **both** must sign. | Date | Spouse's occupation

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	SELF-PREPARED			
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	

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